

# Interagency Coordinating Council (ICC) Committee Minutes

## September 14, 2006 via Videoconference

### Members/Designees Present

Vicki Wright  
Ginger Paul  
Scott Tomchek, representing Joseph Hersh  
Bonnie Thorson-Young, representing Cindy Holmes  
Melea Rivera, designee for Office of Insurance  
Germaine O'Connell, designee for Department for Public Health  
Amy DiLorenzo, designee for Mental Health/Mental Retardation Services  
Paula Goff, representing Annette Bridges, designee for Department of Education  
Jan Williams, designee for Commission for Children with Special Health Care Needs

### Staff Present

Sarah Walker  
Meredith Brown  
Kathy Miller  
Eileen Cameron  
Kristen Hammock  
Lynn Butler  
Angie Lawrence  
Joyce Robl  
Ronetta Little  
Annette Lane-Bartley  
Connie Coover

### Guests Present

Pam Mattox  
Cindy Jordan  
Valerie Patrick  
June Fortner  
Tonya Shea  
Kim Townley  
Angie Guest  
Elizabeth Schumacher

# Interagency Coordinating Council Meeting September 14, 2006

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SUBJECT	DISCUSSION	ACTION
Welcome, Introductions, Agenda Overview (Attachment A), Public Comment Inquiry	Germaine O'Connell, designee for the Department for Public Health, facilitated the meeting. Ms. O'Connell called the meeting to order and asked for introductions. No additions or changes were requested to the Agenda and it was noted that no one had signed up for public comment. It was also noted that a quorum of members was established.	None needed.
Approval Of Minutes	May and July minutes with attachments were sent via email for review before the July meeting and again before the September meeting. No revisions or additions were noted.	A motion was made by Ginger Paul and seconded by Vicki Wright to approve May and July minutes. The motion carried.
Old Business: Membership Update	Germaine O'Connell reported the individuals whose names were submitted as nominations were sent a cover letter and biographical sheet to complete. She is prepared to take the biographical sheets that have been completed and return to the contact person at the Cabinet for Health and Family Services, however, the person she has been working with has transferred to the Transportation Cabinet. Germaine indicated that the state was represented geographically via the nominations received.	Germaine O'Connell will investigate as to who she is to work with to expedite the nominations.
Old Business: Provider Recruitment	Meredith Brown shared that Angie Lawrence and herself have contacted state licensure boards to inform them of opportunities in First Steps and they have advertised on their websites. She is aware of other Part C Coordinators nationwide facing the same issue.	None needed.
Old Business: Marge Allen Spirit/Jim Henson Awards	Germaine O'Connell announced that Gigi Meredith was the recipient of the Marge Allen Spirit award and Sharon Oliver received the Jim Henson award at the Infant Toddler Institute in August.	None needed.
Part C Coordinator Report/Record Review Reconsideration Report (Attachment B)	Meredith Brown presented the report.	None needed.
Record Review Report (Attachment C)	Scott Tomchek presented the report.	None needed.
Technical Assistance Team Report [Attachments D(1), D(2), and D(3)]	Annette Lane-Bartley, Program Consultant for the Morehead State University Team, presented three reports detailing activities and giving an overview of the districts she serves. NaVona Morris-Davis, Parent Consultant, and Deborah McKenzie, Program Evaluator, have both resigned. The positions are currently vacant. Annette presented the Program Consultant, Parent Consultant, and the Program Evaluator reports.	None needed.

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SUBJECT	DISCUSSION	ACTION
District Early Intervention Committee Report (Attachment E)	Pam Mattox, co-chair of the Gateway DEIC, presented the report.	None needed.
Committee Report: Finance	Bonnie Thorson-Young stated she had received several phone calls regarding the letter to providers from Central Office pertaining to the National Provider Identification number. Bonnie suggested convening the Finance Committee to work with Central Office to examine how this requirement will affect First Steps providers.	Bonnie Thorson-Young will discuss with Central Office staff and convene the Finance Committee and report at the November ICC meeting.
Committee Report: Evaluation	Scott Tomchek and Elizabeth Schumacher, co-chairs, presented the report and shared a draft (Attachment F) of the Response to the Public Comment questions posed at the March ICC meeting. The ICC charged the Evaluation Committee with this responsibility at the May ICC meeting. The Evaluation committee requests to meet with Central Office staff to discuss finalizing the response.	Reviewing the draft of the response to the Public Comment will be an agenda item for the October 9 <sup>th</sup> meeting with the Evaluation Committee and Central Office staff.
New Business: Future ICC meetings	Germaine O'Connell asked members if there were any objections to setting 2007 regular and executive meetings for the second Thursday of the month. No objections were noted. Germaine indicated the regular meetings will occur in January, March, May, July, September, and November beginning at 10:00 am Eastern time. Executive meetings will occur in the remaining months beginning at 1:30 pm Eastern time. Executive members include chairs of the committees and the chair and co-chair of the ICC, however, everyone is welcome to attend. The purpose of the Executive Committee is to address emergency issues between regular meetings and to set the agenda for the upcoming regular ICC meeting.	Sarah Walker will post dates for the regular ICC meetings on the First Steps website. Sarah will send reminders and logistics for the Executive Committee meetings to all ICC members each month an Executive meeting is scheduled.
Old Business: Big Sandy DEIC Provider Recruitment and Child Find Action Plan 2005 - 2006 (Attachment G)	This document was sent to members to review before the meeting. Germaine suggested the ICC Recommendations portion of the report be addressed at the next Executive Committee meeting. Annette Lane-Bartley stated she had copies of the Action Plans from Gateway and FIVCO Districts as well. She will send these documents to Sarah Walker. Bonnie Thorson-Young suggested Central Office comment on the Action Plans before the ICC takes any action.	Central Office staff will review all three Action Plans.

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SUBJECT	DISCUSSION	ACTION
Announcements	<p>Germaine O'Connell reported the governor appointed a Commission to examine Autism services in Kentucky. The committee presented a report to the governor with fourteen recommendations. A stipulation with the report ensured that if the First Steps program is impacted by any of the recommendations, the budget would be provided to First Steps to accommodate the requirements demanded. The draft report can be found at <a href="http://www.kcdd.ky.gov">www.kcdd.ky.gov</a></p> <p>Bonnie Thorson-Young expressed appreciation from the ICC to Meredith Brown for serving as Part C Coordinator and wished her luck in her future endeavors.</p> <p>The next Executive meeting is scheduled for October 12<sup>th</sup> at 1:30 pm Eastern time. The next ICC meeting is scheduled for November 9<sup>th</sup> at 10:00 am Eastern time.</p>	<p>None needed.</p> <p>None needed.</p> <p>Sarah Walker will email details to members for both meetings.</p>
Request for Public Comment	Ms. O'Connell noted there had not been a request for public comment during the meeting.	None needed.
Meeting Adjournment	Germaine O'Connell asked committee members for any further comments. None noted.	Motion made by Melea Rivera to adjourn the meeting and seconded by Ginger Paul.

Kentucky Early Intervention System  
Interagency Coordinating Council  
September 14, 2006  
Videoconference Meeting Agenda  
10:00 am - 1:00 pm (Eastern time)

Sites:

- Department for Public Health, Commissioner's Conference Room, 1<sup>st</sup> Floor - Frankfort
- UK Dickey Hall, Room 27 - Lexington
- Seven Counties Services, 11001 Bluegrass Pkwy, Suite 200 - Louisville
- Crisp Center, 3000 S. Irvin Cobb Drive, Room 106 - Paducah
- UK Technology Center, 151 University Drive - West Liberty

Welcome

Introductions

Public Comment

Agenda Overview

Approval of May and July Minutes

Old Business:

- Membership Update - Germaine O'Connell
- Provider Recruitment Update - Meredith Brown
- Marge Allen Spirit/Jim Henson Awards - Germaine O'Connell

Part C Coordinator Report

Record Review Report - U of L

Record Review Reconsideration Report - Meredith Brown

Technical Assistance and District Early Intervention Committee (DEIC) Report -  
Morehead State University

*Program Consultant: Annette Lane-Bartley*

*Parent Consultant: Report prepared and presented by Annette Lane-Bartley (position is vacant)*

*Program Evaluator: Report prepared by Debbie McKenzie, presented by Annette Lane-Bartley*

*Gateway DEIC Report: Pam Mattox, Ronetta Little*

Committee Reports:

- Evaluation - Elizabeth Schumacher  
Response to Public Comment re: Evaluation tools

New Business:

- Future ICC Meetings

Final Public Comment

Part C Coordinator Report  
August 2006

General Update

Representatives from WESTAT are currently in Kentucky conducting an onsite visit. They have a contract with Department of Education to do a five (5) year evaluation in what states are doing regarding monitoring and general supervision. They randomly selected twenty (20) states to participate in the study. The study is conducted in two phases. The first phase was completed last fall via a survey. The second part of phase one is the onsite visit. The second phase of the study will be done in 2008 and will follow-up on monitoring that was conducted in 2006-2007. There goal is to look for correction of noncompliance and how it improves child outcomes.

Due to concerns identified at Provider Forums that conducted in the Winter and Spring, as well as feedback at the Infant Toddler Conference, we will be having a training for our technical assistance teams. The training is through collaboration with the Department of Education and will focus on "What is Technical Assistance". From this training, it is our goal that it will assist Central Office and the Technical Assistance teams in improving the way that we provide assistance. The presenter will be Kathy McNulty, Associate Project Director NTAC (National Technical Assistance Center for Children and Youth Who Are Deaf-Blind), Helen Keller National Center - Sands Point, NY

Financial Update

For Fiscal Year 2006, 91% of the budget was expended.

Staff Update

As of September 15, 2006, Meredith Brown will be leaving the Part C Coordinator position. In the interim Joyce Robl will be serving as Acting Part C Coordinator.

Record Review

For Fiscal year 2006, there were 47 reconsideration requests which increased from 34 from the previous year. Of these 47 requests 45 were approved with 2 resulting in an IFSP meeting. The average turnaround for these requests was 2.1 days.

For July-August 2007, there were 8 reconsideration requests with an average turnaround of 2.68 days. There were no requests for an IFSP meeting.

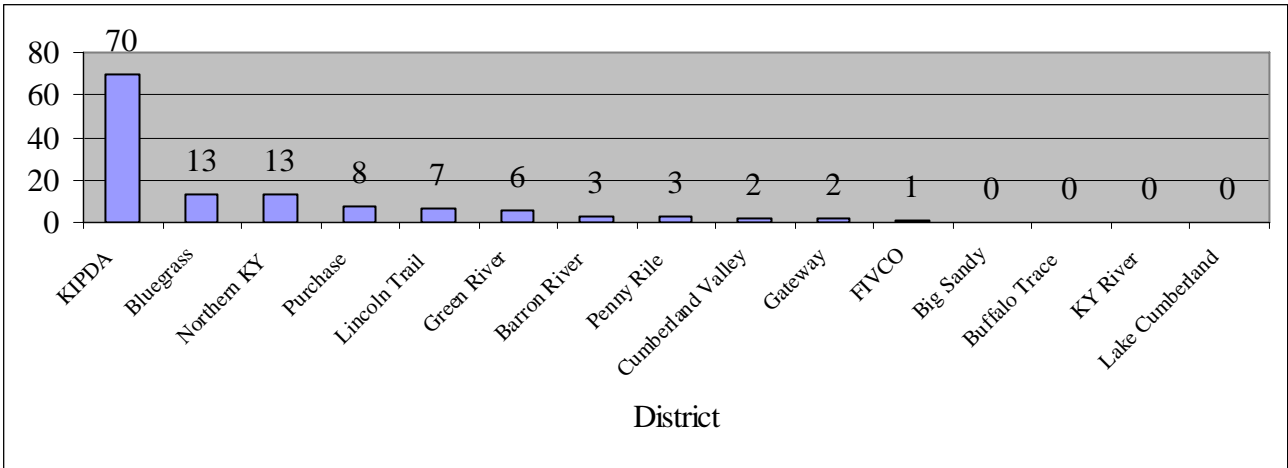
**WEISSKOPF CHILD EVALUATION CENTER, UNIVERSITY OF LOUISVILLE**  
**Summary of Record Reviews FY 2006 – 2007**  
**07/01/06 – 09/01/06**

<b>Review Type</b>	<b>N</b>	<b>Determinations</b>	<b>Criteria</b>
Eligibility	17	14 - Eligible 1 - Denied 2 - Deferred pending additional testing	<ul style="list-style-type: none"> <li>Request</li> <li>PLE Report</li> </ul>
Intensive Authorization	23	17 - Approved for autism diagnosis and related program planning	<ul style="list-style-type: none"> <li>Review of Request Form</li> <li>Review of all submitted records</li> <li>Description of child's social-communication</li> <li>MCHAT conducted with parents and providers</li> </ul>
		2 - Approved for Childhood Apraxia of Speech (CAS)/ Dyspraxia diagnosis and related programming	<ul style="list-style-type: none"> <li>Review of Request Form</li> <li>Review of all submitted records</li> <li>Review of phone contact questions</li> <li>Receptive language vs. expressive language findings in relation to measured cognitive skills</li> <li>Description of speech sound production</li> <li>Description of oral mechanism and oral-motor status</li> <li>Description of feeding status</li> </ul>
		1 - Approved for other – (e.g., Regulatory/Anxiety Disorders; motor/CP)	<ul style="list-style-type: none"> <li>Review of Request Form</li> <li>Review of all submitted records</li> <li>Review of phone contact questions</li> <li>Clinical judgment, DSM-IV criteria</li> </ul>
		3 – Denied/deferred -Diagnosis established -Appropriate plan -Single discipline recommended	<ul style="list-style-type: none"> <li></li> </ul>
Service Exception	88	85 - Service Exception Approved Units Approved per Plan: Range: 8 – 303 Mean: 173.98 Unit Frequencies: - 0 – 144: 17 -145 – 164: 06 -165 – 184: 15 -185 – 204: 26 -205 – 224: 06 -225 – 244: 09 -245 – 264: 04 -265 – 284: 01 -285 – 304: 01 - > 305: 0	<ul style="list-style-type: none"> <li>Review of Request Form and letters</li> <li>Review of all submitted records <ul style="list-style-type: none"> <li>Current developmental presentation/status</li> <li>Rate of documented progress</li> <li>Current and proposed interventions</li> </ul> </li> <li>Request merit</li> <li>Review of phone contact questions</li> <li>Available practice standards or guidelines (Autism, CAS)</li> <li>Movement from service to support model</li> </ul>
		3 – Denied service exception/units	
Total	128		

**Notes:**

- 38.3% (n = 49) of the 128 requests have had previous reviews (majority for service exception)
- Data reflects an increase of 21.1% over FY 2005-2006 (N = 101)
- Data does not reflect an additional 93 Primary Service Coordination Unit reviews also completed in this reporting period
- Projected FY 2005-2006 Total: 665.6 Record Reviews
  - FY 2005-2006: 12.87/week average
  - FY 2006-2007: 12.8/week average

**Referrals by District:**



**Timeline Indicators:**

- Average days from complete file to review: 4.83 days
- Average days from review to reports being mailed to IFSP Team: 4.74 days
- Average total days from complete file to final notification mailed to IFSP Team: 9.59



Morehead State University  
First Steps Technical Assistance Team  
Program Consultant Report to the ICC  
September 14, 2006

Training:

- Conducted 2 PSC Training Modules; one regularly scheduled module and one emergency training for a new ISC
- Conducted 2 Emergency Day 5 PSC Trainings
- Conducted 3 Orientation Trainings; two regularly scheduled trainings and one emergency training
- Attended the Early Childhood Standards Training in Prestonsburg
- Attend the Transition Kick-Off Event at Jenny Wiley
- Attended and assisted in hosting the Fall Early Childhood Institute at Jenny Wiley
- Attended a Parent Orientation provided by MSU's Parent Consultant
- Planned for and attended Sensory Impairment Training in West Liberty
- Attended an Early Language Training in Owingsville
- Attended Spring Workshops hosted by the Gateway DEIC

University Responsibilities:

- Currently participating in the search for new Parent Consultant and Program Evaluator
- Worked with the new Parent Consultant
- Attended team staff meetings
- Professional Annual Evaluation with Dr. Haleman
- Travel Requests, Travel Vouchers, and Exception Report
- Monthly reports to Dr. Haleman

DEIC:

- Attended all DEIC's in three districts with the exception of three. The three missed were: Fivco - November 2005, due to travel constraints with budget and Parent Consultant facilitated; Big Sandy - December 2005, due to Program Consultant having medical tests; and Gateway - August 2006 due to family illness
- Secured trainers for the Fall and Spring Trainings sponsored by the Gateway DEIC and did all preparation work for each training
- Facilitator of meetings in 2 of the three districts
- Type and copy all minutes and agenda's for all meetings

- *Work with the University to access funds for all three DEIC's*
- *Ordered, purchased, and delivered all Child Find items for POE's in each DEIC district*
- *Facilitated the review of all three district's Interagency Agreements*

### *PSC/Provider:*

- *Facilitated every PSC Quarterly in all three districts*
- *Met one on one with new PSC's at request*
- *Observations of PSC's at IFSP meetings*
- *Worked with providers on action plans*
- *Answered numerous emails and phone calls to providers in 15 counties in three districts*
- *Assisted the Program Evaluator in program reviews*
- *Attended Provider Forum in December 2005*
- *Worked with Program Evaluator to obtain information on potential training issues and used this information to guide the PSC Quarterly Meetings*

### *State Requested Activities:*

- *Prepared monthly reports*
- *Attended all state staff meetings*
- *Reviewed all requested documents*
- *Processed provider contracts and addendums*
- *Attended mandatory PLE meetings in December 2005 and April 2006*
- *Prepared for and attended the Regional Provider Forum, per request of Joyce Robl and Dr. Sheperd of DPH*

### *Community Related Projects:*

- *Member of the Family Resource Center Advisory Council in Morgan County*
- *Met with Montgomery County Preschool Coordinator regarding transition issues*
- *Assisted in the coordination of the Fall Institute in Jenny Wiley*
- *Was a community partner at the 5<sup>th</sup> grade reality store activity in Morgan County sponsored by the FRC*
- *Met with and worked with Frontier Housing regarding funding for an assisted living housing project in the Gateway area*
- *Member of the Gateway Head Start Policy Council*

**Program Evaluation Report  
Deborah McKenzie  
Morehead State University  
September 2006**

Overview

The Morehead State University service area consists of 15 counties and includes the FIVCO, Big Sandy and Gateway districts.

Summary of Reviews / Complaints (based on data from the last calendar year)

Program Reviews completed – 28

Action plans approved - 22 (not all reviews required action planning)

Potential families impacted by review process (based on families served during time period reviewed) – 1467

Complaints received and resolved – 7 resolved; 2 currently being resolved

Significant / Recurrent Regional Issues Identified

Professional/ethical issues continue, and have resulted in several formal complaints. Examples include: provider encouraging or suggesting a parent change / remove a team member based on personal motivation of that provider; provision of services in an inconsistent or untimely manner; delaying/avoiding discharge of a child from service(s) when no justification of need is present; providers (often PSC's) are not notifying parents or ISC's of their change in availability when assuming full-time positions outside First Steps, providers addressing concerns outside their field of expertise or without consultation with that discipline. A First Steps Code of Ethics would assist in addressing some of these issues.

The rationale and process to amend IFSP's (including adding a discipline) is often not thoroughly considered or documented.

Providers could benefit from further direction in implementing the Developmental Status Scale in their practice.

Providers continue to have difficulty in writing outcomes that meet the criteria in regulation and policy/procedure.

Evidence that the provider maintained certain contractual requirements (professional liability insurance, current Professional Development Plans) was lacking in reviews conducted over the last calendar year.

Morehead State University  
First Steps Technical Assistance Team  
Parent Consultant Report to the ICC  
September 14, 2006

- The Parent Consultant position is currently vacant at Morehead State University. It is being advertised and hopefully it will soon be filled. NaVonna Morris-Davis was the Parent Consultant from April 2005 thru June 2006. This report was prepared by Annette Lane-Bartley, Program Consultant based on her knowledge of what duties Ms. Davis performed in her 14 months of service to the TAT.

Parent Orientation:

- Participated in final development of the Parent Orientation training.
- Attempted to conduct three Parent Orientations with no parents choosing to participate. These were scheduled for three different times of the day, three different months in hopes that families would attend. The only attendees were the ISC at the Gateway POE and the Program Consultant at MSU, and the Parent Consultant from Kentucky Impact for the very first scheduled training.

Parent Consult and Direct Contact:

- Conducted parent interviews for Program Evaluator when providers were under Program Review, to gather costumer satisfaction.

Parent Consultant Role in Training:

- Participated in a revision of the PSC Training Module
- Assisted in a PSC Training Module in the Fall of 2005
- Assisted in two Provider Orientation Modules
- Provided training on Lead Awareness to the Primary Service Coordinators in our districts
- Provided training to the participants of the Gateway DEIC's Spring Workshops on Lead Awareness
- Provided training to the local Health Departments on Lead Awareness
- Attended PSC Quarterly Meetings

### Parent Consultant Role in DEIC:

- Provided the DEIC's training on Lead Awareness
- Attended most meetings in the three districts

### Parent Consultant Role in Other Areas:

- Member of the First Steps Ethics Committee assisting in the development of a Code of Ethics for Providers
- Became a Kentucky SPIN Consultant
- Assisted the Gateway POE in Child Find activities
- Assisted in the planning of the Fall and Spring Institutes that are coordinated with our community partners.
- Attended the Fall Institute in Jenny Wiley
- Attend the Transition Plan Roll-Out of Kentucky's new plan

Respectively Submitted by:  
Annette Lane-Bartley, Program Consultant  
Morehead State University TAT

**Gateway District Early Intervention Committee**

***Report to the JCC***

***Fiscal Year***

***2005-2006***

*Our DEJC is comprised of approximately 15 active members, who meet at the Menifee County Public Library in Frenchburg, Kentucky the second Monday of every other month. We did meet monthly until January 2006 and voted to meet bi-monthly to assist members decreasing travel costs.*

*We follow the same basic agenda at every meeting:*

- ***Introductions***
- ***Approval of the previous meeting's minutes***
- ***Agency Updates – Each member updates the DEJC on what is occurring in their agency and what trainings, activities, ECT that other members may be interested in attending.***
- ***Committee Reports***
  - Transition: any issues related to transition are discussed here as well as this committee is responsible for facilitating the Interagency Agreement reviews and the review of any surveys in regard to transition.***
  - Provider Recruitment: we have a plan in place and we combine a lot of our recruitment efforts with our child find efforts.***
  - Child Find: ideas for the JSC to use for child find and activities from the previous months.***
  - Financial: Budget updates***
- ***First Steps Updates by the TAT***
- ***Other Information***

**Some Functions of Our DEJC:**

- *Hosted a Fall Training for members and for all birth to five providers in the Gateway area. The topic was Language Development for Infants and Toddlers.*
- *Pam Mattox was a guest speaker to discuss Ky-Spin and its services*
- *Updated our Regional Interagency Agreement*
- *Hosted a Spring Training for members and for all birth to five providers in the Gateway area. This was a series of workshops on Lead Awareness, Sensory Integration, and Communicating with Doctors and Other Professionals. This wonderful training was also accompanied by a delicious pot-luck dinner.*
- *We partnered with Frontier Housing to support a grant request that provides funding for an assisted living housing unit that would have units available for children with disabilities and their families*
- *Assisted the POE with child find efforts*

**DEJC Budget Uses:**

- *Pay for trainers for our Fall and Spring Functions*
- *Pay for guest speakers*
- *Pay for child find items for the Gateway POE*
- *Pay for postage to mail the quarterly NJL's to the school systems*

*We discuss service gaps in our area. We invite all new providers to our meetings and encourage participation of various agencies in our committee. We consistently show a need for OT's, PT's, and PSC's in the Gateway area. We do need SLP's, but we seem to be able to provide that service to all children, who qualify. We discuss any training opportunities that are available either locally or across the state. We realize that most training are not conveniently located for our area, therefore our DEJC has committed monies to bring trainings to our area, and have also chosen to do this in the 2006-2007 budget, as well.*

***Respectively submitted:***

***Annette Lane-Bartley, Program Consultant,***

***Morehead State University TAT***

***Ronetta Little, JSC – Gateway Point of Entry***

***Pam Mattox, PSC – Gateway area***



**Public Comment Response**  
**ICC Evaluation Sub-Committee**

Subject: appropriate/approved tests to be used for discipline initial assessments, six- month progress reports and determining the developmental status of children in First Steps

Concerns:

1. Regulations and policies do not define which tests are acceptable.
  - Other states provide a listing of approved tests.
  - There is confusion in the field regarding what tests should/should not be used

**RESPONSE:** The ICC Evaluation Subcommittee recognizes that for some providers, there is confusion regarding what tests are appropriate to use for evaluation and assessment and for particular populations within the First Steps system. The committee is extremely reluctant, however, to prescribe, define, or even recommend specific developmental evaluation and assessment tools for a variety of reasons. First, the First Steps program in Kentucky is made up of a diverse network of providers from many different disciplines, each of whom adds their own skills and talents to the program. By defining a core set of instruments that can/should be used, some providers may be limited or excluded from practice within the First Steps system. Secondly, our current program is based on the assumption that those practicing are qualified and competent to make judgments about appropriate evaluation and assessment techniques and we respect the professional expertise of each and every provider. Thirdly, a list of even “recommended” evaluation and assessment tools (list of inclusion) often instead becomes one of exclusion (i.e. if my test is not listed here then I cannot use it) even when that is not the intension of the original “recommended” list. Fourth, maintaining a choice with regard to evaluation and assessment tools allows for use of new (and perhaps better) tools as soon as they become available. Fifth, there continues to be much uncertainty regarding the Continuous Assessment Guide (CAG) and its application in the education system as well as how it relates to Part C. Should the First Steps Central Office staff decide to implement the CAG within the First Steps system, a list of acceptable tests will be prescribed despite the concerns/objections listed above. Lastly, this question posed above highlights the continuing training needs of all our providers within the First Steps system.

2. Need definitions of standardized, norm referenced, criterion referenced, and curriculum based.

- It appears that there may be confusion in the field regarding types of tests and which are most appropriate for determining eligibility and which are most appropriate for program planning.
- Therefore eligibility criteria may not be applied consistently from provider to provider across the state.

**RESPONSE:** Please see attached the definitions for the terms listed above. This question again highlights the need for further training at all levels of the First Steps system with regard to evaluation and assessment. While the Primary Level Evaluation Coordinator could present training on these issues to the primary level evaluators, there is not a good forum to date in the First Steps system that could serve to educate ALL providers regarding these issues.

With regard to determining eligibility, for all children who do not qualify by established risk, **NORM-REFERENCED** tools that are standardized on a clearly defined norm group and allow for computation of a standard score that can be converted to a standard deviation score should be used. With the use of norm-referenced tests, eligibility criteria are implemented consistently across the state. This is a clear benefit of using norm-referenced tools, as standard scores derived from different tools can be compared.

With regard to program planning, either norm-referenced or criterion-referenced tools can be used, and some would argue that both should be used to provide families and the First Steps system maximal information about the success of the child/program.

3. The addendum to the policy and procedure manual relating to 911KAR 2:120 –evaluation and eligibility- states that the use of standardized test instruments is recommended and a justification must be given if one is not used. The calculation of the developmental status is based on standard deviations below the mean which are not available from criterion referenced measures, observation, parental judgment or parental report. This addendum further states that continuing program eligibility is determined at each IFSP review using the developmental status scale.

- Does this mean that a standardized test should be used to determine eligibility and developmental status and that a criterion referenced test should also be used to assist with program planning?
- What constitutes an appropriate justification for not using a standardized test?
- Would providers and children benefit from some guidance on when standardized measures would not be appropriate?

**RESPONSE:** This is a valid point or confusion. The Policies and Procedures pertaining to the Developmental Status Score reads “use of standardized test instruments” but really should say “use of test instruments that provide standard scores.” Thus, our recommendation to the First Steps Central Office Staff is to amend this Policy/Procedure to clarify this issue.

Thus, with regard to the questions raised above, the policy should explain that a *norm-referenced* test should be used to determine eligibility and developmental status, and *criterion referenced* tests can be used to assist with program planning. There are instances when the use of norm-referenced tests for determining developmental status is not necessarily ideal. For example, in the very young infant or for infants with muscle tone abnormalities, there are not norm-referenced tools that are appropriate. Additionally, many norm-referenced instruments have not been normed for vision and/or hearing impaired populations. Other exceptions to the use of norm-referenced tests also exists and the Policy/Procedure related to 911 KAR 2:120 clearly states that use of clinical judgment is to be used in addition to testing to determine a child’s developmental status score. Finally, we all agree that training continues to be an issue throughout the First Steps program and many providers in the field have received little or no training regarding these issues.

4. It appears that outcome and eligibility data will be difficult to aggregate due to the variance in methods used to determine developmental status and eligibility.

**RESPONSE:** When the Developmental Status Scale was developed, everyone realized that this was an inherent flaw in the system but the program needed to immediately respond to House Bill 260. Pending resolution of issues regarding the Continuous Assessment Guide, ECO

## **Attachment F**

### **DRAFT**

**Center findings, and other issues at that state level that would impact Part C, the committee is ready to work toward a more useful measure of child and system success. Given that this will be a labor intensive endeavor, the committee does not plan to devise an alternative to the DSS scale until such a request is made from the First Steps central office and when some of these issues are more fully defined.**

**DRAFT**

## **Definitions**

**Standardized:** A standardized test is a type of test that is administered and scored in a standard manner. The tests are designed in such a way that the questions, conditions for administering, scoring procedures, and interpretations are consistent and are administered and scores in a predetermined and standard manner. Generally, there are two types of standardized tests, norm-referenced and criterion-referenced. One of the main advantages of standardized testing is that it is able to provide an assessment that is psychometrically valid and reliable, as well as results which are generalizable and replicable.

**Norm-Referenced:** Norm referenced tests are tests standardized on a clearly defined group, termed the *norm group*, and scaled so that each score reflects a rank within the norm group. Norms are needed because the number of correct responses in itself is not very meaningful. For example, knowing the child obtained a score of 20 or correctly answered 70% of the items on the test is of little use unless we also know how other children performed on the same test. Thus, we need a relevant normative population. Norm-referenced tests provide some degree of quantification of the child's functioning. Quantification (i.e. assigning numbers to responses) serves many purposes including describing the child's present level of functioning in reference to his or her peer group, sorting out the nature of specific weaknesses and strengths, and providing a baseline to assist in measuring progress during and after intervention. Norm-referenced tests are also economical and efficient.

**Criterion-Referenced:** Where norm-referenced tests are used to evaluate a child's performance relative to their peers, criterion referenced testing is used to identify a child's status with respect to an established standard of performance. Criterion referenced tests provide information relevant to instructional decisions, such as whether a child is ready to proceed to the next level of instruction, whether there are certain subskills that require more attention than others, and which curriculum materials might best help the child master skills. Performance on a given criterion is made without reference to the level of performance of the child's peers.

**Curriculum-Based Assessment:** Like in criterion-referenced tests, curriculum based assessments also are used to compare a child's performance to some predetermined criterion rather than to the performance of other children. Curriculum based assessment uses direct observation and

recording of a child's performance in the local curriculum as a basis for gathering information to make instructional decisions and determine mastery. Typically, these approaches have emphasized direct, repeated assessment of target behaviors to see how well a child performs on the materials the teacher is assigning the class.

**Standard Score:** Standard scores are raw scores that have been transformed to have a designated mean and standard deviation. They express how far a child's score lies from the mean of the distribution in terms of the standard deviation. Z scores, T scores, Developmental Quotient, and Deviation IQ, scores are all types of standard scores. A Z score has a mean of and a standard deviation of 1. A T score, in contrast, has a mean of 50 and a standard deviation of 10. Finally, the Deviation IQ score has a mean of 100 and a standard deviation of 15 or 16, depending on the test used.

Sattler, J. (2001). *Assessment of Children*, Fourth Edition. Jerome M. Sattler, Publisher, Inc.

# Big Sandy DEIC Provider Recruitment & Child Find Action Plan for 2005-2006

## Summary through 3/05:

### TAT Activities:

- Provider Orientations July 22, 2004, August 31, 2004, and January 11, 2005
- June/September PSC Training Module
- Discussion at each monthly DEIC on needed disciplines and how to recruit providers
- Met with an IECE instructor at MSU – September 2004
- Presentation, along with ISC at Gateway POE, for IECE class at MSU – October 2004
- Assisted as a partner in the Fall Institute at Jenny Wiley – November 2004
- Manned booth at the KYHSA conference – March 2005
- Provided information flyers with both child find and provider recruitment information to the partners for distribution at the Spring Institute – April 2005

### Notes:

- TAT was consumed with IFSP trainings and work group meetings from October – December 2004
- TAT was consumed much of January with the interviewing process for the Parent Consultant position
- TAT has been consumed February and March with IFSP training process

### DEIC/POE Activities:

- POE has done child find activities
- DEIC provides child find suggestion as well as “word of mouth” information on the program for provider recruitment and child find

## Activities Planned for 2005-2006:

### By June 2005 (end of current fiscal year):

- Program Consultant to develop and distribute a flyer with information on First Steps and it will include both contact information for child find and provider enrollment. – Development completed March 2005
- Program Consultant to develop and send a letter to the area independent therapy providers to let them know “who we are and what we do”
- Contact the SLP and OT programs at ECU and the SLP program at Marshall University regarding opportunities with First Steps in the Big Sandy area
- Contact the PT programs at UNC, Shawnee, Bellermino College and Hazard Community College regarding opportunities with First Steps in the Big Sandy area
- Attend local preschool screenings
- Provide information and brochures to new families moving into the community through the local school systems
- Local school systems to post the flyer developed by the Program Consultant in their centers.
- Local school systems to invite the POE to their parent/professional meetings to do a First Steps presentation

#### Fiscal Year 2005-2006:

- PSC's/Preschool Coordinators to locate a family or families from each county who would be willing to share their First Steps experience with their community. Then the PSC or Preschool Coordinator would contact the community newspaper to set up the story, where at the end of the story, the POE number would be listed with the ISC's name, for child find, and the TAT number would be listed with the Program Consultant's name, for those interested in providing services. (Fall '05)
- Attend the local Health Fairs (Fall '05)
- Attend school Ready-Fests (Fall '05)
- Provide flyers and brochures to the FRYSC's (Fall '05)
- Advertise on the local TV public service channels (Fall '05 and Spring '06)
- Class presentations by DEIC members to the OT, SLP, IECE, ect classes (Fall '05 and Spring '06)
- Attend Preschool Screenings (Spring '06)
- Attend area community events, as invited or informed
- Continue linkage with other resources (preschool, DSS, HANDS ECT.)
- Schools to pass on flyers they receive from OT's, PT's, and SLP's who are interested in employment
- TAT to continue the partnership with RTC and Head Start for the Fall and Spring Institutes

#### DEIC's Requests of ICC:

- Look into incentive measures for providers to work in Eastern Kentucky, such as paying back student loans, larger reimbursement rates due to travel, ECT.
- Offer providers a flat fee, in these areas where travel is an issue, for when kids are not home to cover their travel/gas expenses.
- Something in writing from the ICC to the therapists that it is not a violation of their ethics to provide services in the consultative model.
- Look to the future - ICC to inform of statewide career days or statewide community functions that involve providers